

# Key Findings: VMMC Three-Country Study

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SESSION 2



# Counseling Received

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Adolescents responded favorably, saying that:

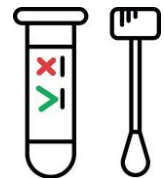
- They are satisfied overall with counseling.
- The benefits of VMMC were explained.
- They received messages on the importance of HIV testing and were urged to undergo testing.

# Counseling Provided

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Providers did not provide consistent information about:

- HIV/STI risk prevention/reduction
- Sexual health and/or behavior
  - Sexual health:
    - Is a state of physical, mental, and social well-being in relation to sexuality.
    - Requires a positive, respectful approach to sexuality/sexual relationships.
    - Includes the possibility of having pleasurable, safe sexual experiences, without coercion, discrimination, and violence.
  - Components of sexual health include STIs, unplanned pregnancy, sexual violence, and sexual function.<sup>2</sup>
- That HIV testing is optional and may be declined
- Condom use (especially among younger adolescents)



<sup>1</sup> World Health Organization (WHO). Sexual health. WHO website. [https://www.who.int/topics/sexual\\_health/en/](https://www.who.int/topics/sexual_health/en/).

<sup>2</sup> Wellings K. 2014. Sexual behaviour research: Importance to policy and practice. Presented at: Australasian Sexual Health Conference; October 9; Sydney, Australia.

# Counseling Provided

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Providers say they hesitate with younger adolescents to:

- Give complete information (i.e., on sexual health). Providers assume adolescent clients, particularly younger ones, have NO sexual experience.
- Provide much information on:
  - HIV prevention, including future sexual partners
  - Abstinence from sexual intercourse/masturbation during sexual healing
- Assess clients' sexual experience to gauge appropriate levels of counseling.

# Capacity-Building Needs

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Providers seek:

- Adolescent-specific guidelines and training to more fully address a range of adolescent client needs through counseling
- More age-appropriate approaches, especially to address HIV prevention and especially among younger age groups
- Training on how to counsel HIV-positive adolescents, where to offer them VMMC, and how to link them to care



# References

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2. Kaufman MR, Patel EU, Dam KH, et al. 2018. Counseling Received by Adolescents Undergoing Voluntary Medical Male Circumcision: Moving Toward Age-Equitable Comprehensive Human Immunodeficiency Virus Prevention Measures. *Clin Infect Dis.* 66(suppl\_3):S213-S220. doi: 10.1093/cid/cix952.
3. Kaufman MR, Patel EU, Dam KH, et al. 2018. Impact of Counseling Received by Adolescents Undergoing Voluntary Medical Male Circumcision on Knowledge and Sexual Intentions. *Clin Infect Dis.* 66(suppl\_3):S221-S228. doi: 10.1093/cid/cix973.
4. Tobian AAR, Dam KH, Van Lith LM, et al. 2018. Providers' Perceptions and Training Needs for Counseling Adolescents Undergoing Medical Male Circumcision. *Clin Infect Dis.* 66(suppl\_3):S198-S204. doi: 10.1093/cid/cix1036.
5. Van Lith LM, Mallalieu EC, Patel EU, et al. 2018. Perceived Quality of In-Service Communication and Counseling Among Adolescents Undergoing Voluntary Medical Male Circumcision. *Clin Infect Dis.* 66(suppl\_3):S205-S212. doi: 10.1093/cid/cix971.
6. Mahvu W, Hatzold K, Dam KH, et al. 2018. Adolescent Wound-Care Self-Efficacy and Practices After Voluntary Medical Male Circumcision – A Multi-country Assessment. *Clin Infect Dis.* 66(suppl\_3):S229-S235. doi: 10.1093/cid/cix953.

# Questions

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Are there any questions?